COMPUTER ACCESS CONTROL SYSTEM (CACS) USER ID REQUEST

SECTION I - USER INFORMATION

1. USER NAME *(First, Middle Initial, Last):*	2. USER SOCIAL SECURITY NUMBER:	3. PHONE NUMBER:	4. U.S. CITIZEN? ☐ YES ☐ NO

5. EMPLOYED BY: or Contractor Name NASA ☐	6. NASA BADGE NO.:	7. ORG/DEPT:	8. BLDG. & RM NUMBER:	9. CONTRACT NUMBER *(If Contractor requesting):*

10. USER RESPONSIBILITY STATEMENT

It is understood that I am responsible for the security of assigned User ID and Password and must change the Password during the initial sign-on as well as periodically (at least every 30 days). I agree to abide by proprietary software regulations and Information Technology Security regulations (MPG 2810.1).

Unauthorized use of the computer accounts and computer resources to which I am granted access is a violation of Section 799, Title 18, U.S. Code; constitutes theft; and is punishable by law. I understand that I am the only individual to access these accounts and will not knowingly permit access by others without written approval. I understand that my misuse of assigned accounts, and my accessing others' accounts without authorization is not allowed. I understand that this/these system(s) and resources are subject to monitoring and recording. I further understand that failure to abide by these provisions may constitute grounds for termination of access privileges, administrative action, and/or civil or criminal prosecution.

USER'S SIGNATURE/DATE: _____

11. ACTION(S) REQUIRED FOR COMPUTER SYSTEMS:

☐ USERID FOR COMPUTER SYSTEM(S).   ☐ TRANSFER ACCESS FROM ORG/DEPT: _____ TO ORG/DEPT: _____

☐ NAME CHANGE FROM: _____ TO: _____

SECTION II - ACCESS INFORMATION

12. COMPUTER SYSTEM(S): ☐ ADD   ☐ MODIFY   ☐ DELETE

☐ **MSFC DOMAIN**

☐ IDS and/or   ☐ E-MAIL Only (☐ PC   OR   ☐ MAC)   PREFERRED E-MAIL NAME: _____

GROUP ACCESS REQUIRED: _____

GROUP OWNER'S SIGNATURE: _____

☐ **EADS II** (INCLUDES: SGI ORIGIN 2000 (VMFS); SGI POWER CHAL XL (VMCS) (MUST COMPLETE MSFC FORM 4180 OR HAVE VALID ACCOUNT NUMBER).

☐ **EIPS (SGI 4D/480; IPS)** (MUST COMPLETE MSFC FORM 4180 OR HAVE VALID ACCOUNT NUMBER).

☐ **EDALF1** (DEC ALPHA; MUST COMPLETE FORM 4180 OR HAVE VALID ACCOUNT NUMBER; MAY REQUIRE PERMISSION FROM TD50).

☐ **MSFC MIS (OLD MIS IBM 3090)**   For a New Account, provide a USER NAME or ID to Mirror or Replicate: _____

APPLICATION(S) ACCESS LEVEL: _____

☐ **UNIX SERVER** _____ _____ _____ _____

☐ **REMOTE ACCESS**

☐ VPN   E-MAIL ADDRESS: _____

☐ **OTHER(S)** _____

13. JUSTIFICATION:

SECTION III - SUPERVISOR/MANAGER

14. APPROVED BY USER'S IMMEDIATE SUPERVISOR:

NAME (Type or Print):	SIGNATURE/DATE:

15. APPROVED BY NASA/MSFC MANAGER OR CONTRACT COTR:

NAME/MSFC ORGANIZATION CODE (Type or Print):	SIGNATURE/DATE:

COMPUTER ACCESS CONTROL SYSTEM (CACS) USER ID REQUEST

NOTE: All users applying for access to any of the computer systems or applications listed on this form or through the Computer Access Control System (CACS) must agree to comply with all Information Technology Security and Proprietary Software Regulations. Users who are badged at MSFC and are U.S. Citizens may have their approving MSFC manager submit their requests to CACS electronically through their Organizational Responsible Person (ORP). Information in Blocks 1 through 13 must be furnished for all USERID access requests. USERID access requests received that do not furnish this information will not be processed until the requested information has been received by Computer Sciences Corporation, Service Management Department.

Supplemental information for non-badged MSFC or non-U.S. Citizens is required when requesting USERID access to a computer system. Users should continue to use existing procedures to obtain access to applications/systems residing on other MSFC computers not covered in BLOCK 12.

2. USER'S SOCIAL SECURITY NUMBER (SSN): This information is being collected under the authority of Public Law 8-568. The SSN will be used as a unique identifier to control access to NASA/MSFC computer resources, thereby enhancing the security and integrity of those resources. The SSN will be protected in accordance with the Privacy Act and not divulged to unauthorized sources. Individuals may refuse to provide their SSN; however, they will be refused access to a computer system for failure to provide this information. (FOR YOUR PROTECTION DO NOT FAX SSN INFORMATION. Contact Carolyn.Ray@msfc.nasa.gov or Phone (256) 544-8571).

4. FOREIGN NATIONALS MUST ATTACH COPIES OF MSFC FORM 4336 (send original to Mildred Cottrell/AD50 or phone 544-7678) and "Technology Control Risk Assessment Plan" (reference MPG 1371.1 rev B). If user is a non-U.S. citizen, but is a permanent resident of the U.S., the "Technology Control Risk Assessment Plan" attachment is not required.

11. ACTION(S) REQUIRED FOR COMPUTER SYSTEMS: Used to indicate what action is being requested. An employee may use the transfer access option to retain current user's access for a period of 60 days, after which all previous transferred access will be terminated. Submit new MSFC Form 4194 for any new requirements. Caution should be exercised whenever the transfer option is chosen, because the user's NASA/MSFC manager or contractor COTR requesting the transfer will be the person held accountable for authorizing the user's continued need for the previous access held while in their former organization.

12. COMPUTER SYSTEM(S): Request should indicate whether action is for: (ADD); access is to be modified (MODIFY); or termination of access is requested (DELETE). **If requesting a new MSFC MIS account, provide another USER'S ID that is performing the same duties you wish to replicate. (MSFC Form 4180 is required for EIPS, EADS, and EDALF1**. Send form to **Amy. Epps@msfc.nasa.gov** or Phone (256) 544-7384).

    PREFERRED NAME: If different than user's name in Block 1, provide name preference to be used in e-mail only.

    GROUP ACCESS REQUIRED: Group name(s) must be provided. (Group Owner must approve the USERS required to a Shared data file.)

    APPLICATION(S)/ACCESS LEVEL: Name of the application to which access, access modification, or termination of access is required. A list of MSFC MIS applications is available on request from the System Administrator for CACS.

    ACCESS LEVEL: Describe the level(s) of access that you will need to use the application you have requested. Some MSFC MIS applications, (i.e., CPTAS, IMPACS and APRS), require instructions unique to the specific application to allow correct user configuration. Users should contact the System Administrator for CACS for any required information to complete this section.

    REMOTE ACCESS: User must indicate current E-mail address

    OTHER(S): Host(s) and/or Application(s) other than those already referred to on this form (i.e., TADS, CAITS, Remedy).

13. JUSTIFICATION: User(s) must indicate why USERID or application access is required. A request to delete access does not require a justification.

14. APPROVED BY USER'S IMMEDIATE SUPERVISOR: The user's immediate supervisor must approve the request for USERID access. (Signature and date is required.)

15. NASA/MSFC MANAGER OR CONTRACTOR APPROVAL SIGNATURE: Type the name and MSFC organization code of the NASA/MSFC manager or contract COTR who is approving the user's request. (Signature and date are required.)

NOTE: By completing information requested in Blocks 10, 14-15, it is to be re-emphasized that you are stating you will comply with Information Technology Security and Proprietary Software Regulations and by signing your USERID access request, your immediate supervisor and NASA manager or contract COTR are approving your need for a USERID to be used only in relation to your work with MSFC.

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